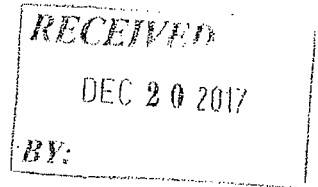


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV



**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: DEC. 20, 2017 Case Number: 18-46

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Linda Elliott  
Premise Name: Ahwatukee Commons Veterinary Hospital  
Premise Address: 4902 E Warner ste 14  
City: Phoenix State: Az Zip Code: 85044  
Telephone: (480) 893-8423

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Angelica Fiese  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Scarlett Jo Fiese

Breed/Species: Morkie

Age: 4month Sex: female Color: white

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Abel Martinez - ~~REDACTED ADDRESS AND PHONE NUMBER~~

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 12-20-17

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

I recently purchased a 3-month-old Morkie from the Animal Kingdom store. I purchased her on the 8th of November. Upon her coming home, she began to act different; less energetic. So, I promptly called one of the animal clinic (Ahwatukee Commons Veterinary Hospital) that was highly recommended from the store; due to any reimbursement that may needed to be done. I informed them that Scarlett Jo was not acting as the high energetic puppy that I brought home. I also informed them that she had a previous diagnosis of Giardia, but was cleared. Her appointment was set for their next available time on Friday 10th. Scarlett was having diarrhea at that moment so I promptly took them a spoonful of her stool; a day prior to her appointment, so could have all the information at the time of her appointment. However, I was told that the stool sample was insufficient. The day I took Scarlett in Dr. Elliott reported to me that Scarlett had hypoglycemia and was possibly from the Giardia or just stress from coming home to a new environment. It was recommended that she spent the weekend at their hospital clinic, which also was made very known to me that the Animal Kingdom would not reimburse me. In fact, Dr. Elliot had personally got off the phone with them. The following day, on Saturday I had a voice mail from the Vet stating Scarlett was much better and I could take her home. However, by the time I heard the voice mail they had already closed and that they would continue as planned (keeping her all weekend). We picked up Scarlett Jo that following Monday. We noticed that she was still not well and that she now had a weird cough, the tech could not answer any of my questions, in fact Dr. Elliott was never around to answer any questions either. We were also told that the stool sample was not done, according to the tech due to a miscommunication, and that she had just gone potty too. After we came home we noticed that Scarlett was still not eating anything and continued to have diarrhea with blood in it. I called and expressed my concerns and made another appointment with the veterinarian but unfortunately, she died that same week.

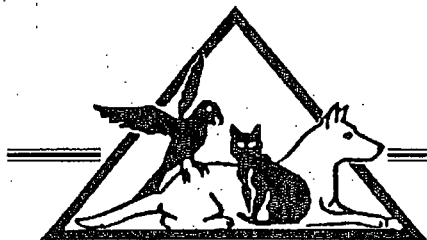
The thing that I find so alarming is that I was in Dr. Elliott's office the day Scarlett had past. I was crying and speaking to the tech when Dr. Elliott entered the room, and the first thing I was told is that she had just got off the phone with Animal kingdom and they concluded that nothing would be covered, since she was diagnosed with hypoglycemia. Dr. Elliot could not give me any answers, and at some point, even acknowledged that they did not even know what they were treating my puppy for. Dr. Elliott went back and forth with me about how she was diagnosed with hypoglycemia then, not diagnosed with hypoglycemia, they were just going based on the symptoms, even though she had her all weekend and supposedly took so many tests on her. I find it odd that she was eating all weekend at their clinic, yet they were still "unable to get sufficient stool sample". I would only think if a 4month old puppy that went in for diarrhea as a symptom and was still continuing to have diarrhea that she would have kept her a little longer to find why my puppy was still sick.

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

I had a Necropsy done elsewhere. What was discovered was that she had parvo and a few other issues with her including kennel cough. I was lied too and Dr. Elliot was not completely honest with me. She cared more about what Animal Kingdom had to say about everything. I do honestly believe that the only reason she diagnosed Scarlett with hypoglycemia, is because it is one of the conditions that the pet store does not cover under their warranty; and wanted to keep them happy, since they seem to send her many new patients. It was a hard thing to experience for myself and my children; watching something so small, an immediate family member, being so extremely sick. Having to force feed her food and water every two hours. Trying and hoping that she makes it, but in the end, she dies in my arms while rushing to a vet hospital at 6 am. My children seeing all of this happen right before school, that hurts me the most.

These past few weeks have been very emotionally tough for myself and my children. Why was Scarlett Jo sick? Why wasn't her parvo mentioned on the veterinarian notes? Scarlett Jo's health was neglected and I've been contemplating to even express this horrible experience. However, I don't want another family to go through this heartbreak experience as my family did.



18-46

*Ahwatukee Commons  
Veterinary Hospital*

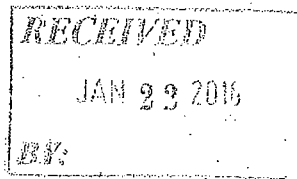
4902 E. Warner Road, Suite 14  
Phoenix, Arizona 85044  
480/893-8423

On November 10<sup>th</sup>, Angelica Fiese brought in her recently purchased pup, a 15 week old, female, morkie, from the Arizona Mills pet store. She had had the pup for 2 days. Hypoglycemia was tentatively diagnosed- the underlying cause was undetermined. I gave an estimate to her for diagnostics and IV fluid therapy for over the weekend informing the owner that it may take that long to stabilize her. The owner was hesitant to continue as she had just spent a lot of money on the pet and wasn't sure she had the funds. I did tell her that I would contact the pet store corporation to see if there was anything they would do since she just purchased the pup. I spoke with Michelle at corporate and she indicated that the store would not do anything as this was considered to be a home care issue and not a previous (from the store) or inherited issue. I informed the owner of the discussion with Michelle and that the store would not help however surrendering the pup back to the store was a possibility. I explained to the owner that hypoglycemia was generally a secondary problem due to another disease and that frequently from the pet store we saw giardia and upper respiratory infections which could cause this issue. However, to properly treat, we needed a diagnosis. The owner was informed that the quantity of stool brought the previous day was an insufficient quantity for proper analysis. The owner did speak with another individual (I believe her boyfriend) and decided to proceed with care.

Scarlett Jo responded so well overnight that I called the owner to inform her that Scarlett would not have to spend the weekend. I thought the owner would be thrilled as the bill would be much less than anticipated. She was also informed that we close at noon. This was early Saturday morning (sometime between 7:30 and 8:30, I believe). We received no response from the owner- no call etc. At 11:45 I told the staff that Scarlett was staying the weekend with us after all and had them continue with treatment. Monday Scarlett did go home with discharge instructions.

From there, for several days, I did not have any direct communication with the owner. My staff did speak with her several times and I was informed the Scarlett was not doing well. I mentioned that I needed to recheck her to see what was going on and that was relayed to the owner. My understanding is that the owner was very reluctant and did not want to bring her back. Unfortunately, I cannot evaluate nor treat a patient over the phone.

I was relieved when Angelica finally set up an appointment for us to see Scarlett. However, Scarlett died prior to arrival. I did speak with Angelica again (she came in without Scarlett Jo) stating that hypoglycemia was the probable cause of death with another disease as the underlying cause of the hypoglycemia. The underlying cause had not yet been determined as we had not yet sent out a fecal and other diagnostics had revealed no abnormalities. I did not hear any coughing from the pup and there was no nasal discharge, so an upper respiratory infection was low on my differentials. I did suggest a necropsy, but the pup was at another location and Angelica did not want to bring her to us. I gave her



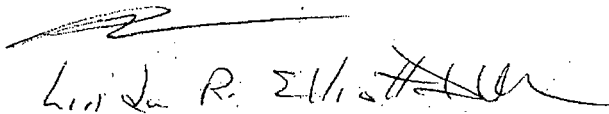
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2/13

my condolences. I was informed that this was her first pup and again apologized that this was such a horrible experience to have especially with her first pup, that hypoglycemia was a relatively common occurrence in these very little puppies and that if she chose to try to have another pup in the future to consider one a bit older and larger.

That concluded my contact with the owner.

As a side note: I take the death of my patients to heart and at our next staff meeting (we meet weekly), we did discuss Scarlett Jo's case, what happened and what we could do to change to prevent this from happening again. We have already taken steps to improve our communication (written and verbal) as well as customer care.

Respectfully Submitted

  
Linda R. Elliott

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Donald Noah, D.V.M. - Chair  
Amrit Rai, D.V.M. - **Absent**  
Adam Almaraz  
Christine Butkiewicz, D.V.M.  
Tamara Murphy - **Absent**

**STAFF PRESENT:** Tracy Riendeau, CVT, Staff Investigator  
Victoria Whitmore, Executive Director  
Sunita Krishna, Assistant Attorney General

**RE:** Case: 18-46  
Complainant(s): Angelica Fiese  
Respondent(s): Linda Elliot, DVM (License: 11134)

**SUMMARY:**

Complaint Received at Board Office: 12/20/17  
Committee Discussion: 3/6/18  
Board IIR: 4/18/18

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised September  
2013 (Yellow)

On November 10, 2017, "Scarlett Jo," a 15-week-old female Morkie was presented to Respondent for vomiting, lethargy and diarrhea after being purchased from a pet store two days prior. Respondent recommended hospitalization for diagnostics and treatment; Complainant approved.

On November 13, 2017, the dog was discharged due to improvement.

On November 16, 2017, the dog passed away. A necropsy revealed the dog had intestinal necrosis due to canine parvovirus and severe necrotizing bronchopneumonia, which caused hypoglycemia and precipitated death.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared.  
Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Angelica Fiese*
- Respondent(s) narrative/medical record: *Linda Elliot, DVM*
- Witness(es) narrative: *Ahwatukee Commons Veterinary Hospital Staff.*

### PROPOSED 'FINDINGS of FACT':

1. On November 8, 2017, Complainant adopted the dog from a local pet store and had been informed that the dog was previously treated for giardia. Once home, the dog appeared lethargic and Complainant made an appointment with Respondent.

2. On November 9, 2017, the dog was having diarrhea, therefore Complainant dropped off a fecal sample with Respondent to be tested.

3. On November 10, 2017, the dog was presented to Respondent for evaluation due to anorexia, lethargy, vomiting and diarrhea. Upon exam, the dog had a weight = 2.4 pounds, a temperature = 99.8 degrees, a heart rate = 120bpm and a respiration rate = 30rpm. Respondent stated that hypoglycemia was the tentative diagnosis, explaining to Complainant that it is generally a secondary problem due to another disease. They frequently saw pets that came from a pet store with giardia and upper respiratory infections which can cause hypoglycemia. Respondent recommended hospitalization for diagnostics and treatment throughout the weekend – the fecal sample that was dropped off the previous day was insufficient for testing. Complainant was hesitant due to financial constraints. After speaking with a friend, Complainant agreed to leave the dog.

4. Blood was collected and an IV catheter was placed – 0.9% NaCl fluids with 100mLs dextrose added was administered to the dog at 3mLs/hr. The dog was administered Karo syrup 1/2mL orally. The dog was offered recovery slurry and water.

5. On November 11, 2017, Respondent noted that the dog responded so well overnight that she called Complainant to inform her that the dog did not have to spend the weekend and could go home that day – they were open until noon. Complainant did not return Respondent's call therefore the dog stayed the weekend at the premise and treatment continued. The IV catheter had been removed and the dog received a total of 8mLs of fluids. The dog was fed recovery diet and small breed kibble during the stay.

6. The dog was eating, drinking, urinating and defecating through the weekend.

7. On November 13, 2017, Monday, the dog was discharged to Complainant. She was instructed to add recovery diet to the dog's regular diet for the next 3 – 5 days and call if there were any questions or concerns.

8. On November 14, 2017, premise staff contacted Complainant to get an update on the dog. Complainant reported that the dog was not doing well, she was not eating, barely drinking and there was blood in the stool. Respondent recommended the dog be seen that day. Complainant did not bring the dog in to be seen.



9. On November 15, 2017, premise staff contacted Complainant to check on the dog. Complainant reported that the dog was not improving; she was vomiting and having diarrhea. The dog was not interested in food and Complainant had been force feeding – she wanted to know if there was anything else she could be doing and inquired about blood work for hypoglycemia. Staff advised that Respondent would not be in the rest of the day and recommended scheduling an appointment for the following morning. Complainant expressed concerns about cost. Staff further advised that if the dog got worse they recommended taking her to an emergency facility. Complainant again expressed financial constraints and did not want to take the dog to another premise if possible.

10. The dog passed away before the appointment with Respondent.

11. Complainant had a necropsy performed on the dog which revealed intestinal necrosis due to canine parvovirus infection and severe necrotizing bronchopneumonia. These processes are determined to have caused the hypoglycemia and precipitated death.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that the dog most likely received an accurate amount of fluids which made her feel better. There was a communication issue surrounding the fecal sample – the dog was at the premise for several days and stool was not collected. There was a questionable vaccination history, the puppy came from a pet store, and the puppy was vomiting and having diarrhea, therefore parvo should have been high on the differential list. Having a normal WBC is not a rule-out for parvo.

The Committee felt this case warranted a parvo test. It is not known if the outcome would have changed but if a diagnosis of parvo was made and proper fluids and supportive care was given, there is a good chance the dog would have survived.

Giardia can cause vomiting and diarrhea, but it is more consistent with parvo.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

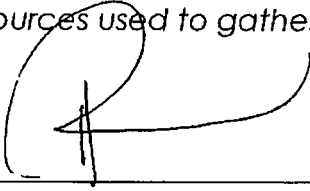
**Motion:** It was moved and seconded the Board find:

*ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to provide professionally acceptable procedures for not recognizing symptoms of parvo in a puppy with a questionable vaccine status and performing a parvo test.*

**Vote:** The motion was approved with a vote of 3 to 0.

*The information contained in this report was obtained from the case file, which includes the*

complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in dark ink, appearing to be 'Tracy A. Riendeau', written over a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the April 18, 2018 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee in regards to case number 18-46 In Re: Linda Elliot, D.V.M.

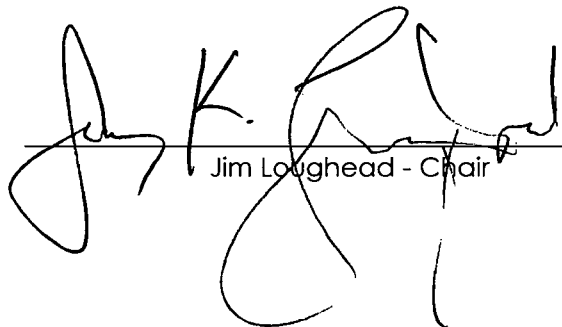
The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

*ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to provide professionally acceptable procedures for not recognizing symptoms of parvo in a puppy with a questionable vaccine status and performing a parvo test.*

Following discussion, the Board concluded that Respondent handled the case appropriately and voted to dismiss this issue with no violation.

Respectfully submitted this 16<sup>TH</sup> day of May, 2018.

Arizona State Veterinary Medical Examining Board

  
\_\_\_\_\_  
Jim Loughhead - Chair